



## INSTRUCTIONS FOR COMPLETING APPLICATION FOR TELECOMMUNICATIONS CONTRACTOR'S LICENSE

**NOTICE: ALL ITEMS LISTED BELOW MUST BE SUBMITTED AS A COMPLETE PACKAGE OR WE WILL BE UNABLE TO PROCESS YOUR APPLICATION. THE BUSINESS NAME MUST BE EXACTLY THE SAME ON ALL DOCUMENTS.**

A complete package includes:

1. **APPLICATION FOR TELECOMMUNICATIONS CONTRACTOR'S LICENSE** filled out and accompanied by the required fee. Contractor's license fee (two year license) is **\$228.60**. The application must be filled out **COMPLETELY**.
  - a. **Uniform Business Identifier (UBI) number:** Issued by the Master Business License Division of the Department of Licensing.
  - b. **Industrial Insurance Account Number:** If you have employees or plan to hire employees, your Industrial Insurance Account number (Issued by the Department of Labor and Industries, Industrial Insurance Division).
  - c. **Designated Administrator:** Only one administrator can be assigned to the business at any specific time. The administrator's name and certificate number must be entered on the form.
2. **ELECTRICAL/TELECOMMUNICATIONS CONTRACTOR'S BOND TO THE STATE OF WASHINGTON** or **ELECTRICAL/TELECOMMUNICATIONS CONTRACTOR ASSIGNMENT OF SAVINGS ACCOUNT** form (originals only, no copies).
3. **CERTIFICATE OF INSURANCE:** Minimum amounts (coverage must be for each occurrence) \$20,000 property damage, \$50,000 for injury or damage to any one person, \$100,000 for injury or damage to more than one person.
4. **ASSIGNMENT OF ADMINISTRATOR'S CERTIFICATE** form. This form is used to assign or un-assign an administrator to a contractor.
  - a. The administrator agrees to perform the duties of the administrator for a contractor, or gives the required notification that they are no longer assigned to a contractor.
  - b. The assignment fee is **\$34.00**. (This fee is waived for administrators who are assigning their certificates for the first time.)
  - c. The administrator's signature **MUST BE NOTARIZED**. The contractor's confirming signature is not required to be notarized.

**ADDITIONAL DETAILS ABOUT THE ABOVE FORMS ARE ON THE FOLLOWING PAGE.**

**IF YOU HAVE ANY QUESTIONS REGARDING THE COMPLETION OF YOUR TELECOMMUNICATIONS CONTRACTOR'S APPLICATION, PLEASE CONTACT THE TUMWATER OFFICE AT (360) 902-5269.**

We are located at 7273 Linderson Way SW in Tumwater at exit 101 on I-5.

## **ELECTRICAL/TELECOMMUNICATIONS CONTRACTOR'S BOND TO THE STATE OF WASHINGTON**

1. You must submit an original (not a copy) **ELECTRICAL/TELECOMMUNICATIONS CONTRACTOR'S BOND TO THE STATE OF WASHINGTON** form.
2. There can be no errors, white-outs, alterations or additions on the bond form.
3. The bond must list an effective date, the bonding company representative's signature, and the seal of the bonding company.
4. The business name on the bond must match **EXACTLY** the business name listed on the **APPLICATION FOR TELECOMMUNICATIONS CONTRACTOR'S LICENSE** form.
5. The bond and application must state the name of the company under which the contractor is actually doing business.
6. The bond must state the name of the principal, partners, or corporation and the business name of the contracting company.
  - a. Individual Proprietorship example:  
Mark Jones (principal), DBA Jones Communications (business name).
  - b. Partnership example:  
John Smith and Henry Jones (principals), DBA Smith and Jones Cabling (business name).
  - c. Corporation, LLC, or LLP example:  
Empire Corporation (principal), registered trade name: Network Communications (business name).

## **ELECTRICAL/TELECOMMUNICATIONS CONTRACTOR ASSIGNMENT OF SAVINGS ACCOUNT**

1. In lieu of a bond, you may submit an original (not a copy) **ELECTRICAL/TELECOMMUNICATIONS CONTRACTOR ASSIGNMENT OF SAVINGS ACCOUNT** form.
2. There can be no errors, white-outs, alterations or additions on the form.
3. This assignment will assign the sum of \$4,000 to the State of Washington. These funds cannot be released to you until the company has been out of business for at least one year, or a bond has been in force for at least one year.
4. The account form is to be completed by your bank personnel and that person's signature **MUST BE NOTARIZED**.
5. The account form must state the name of the principal, partners, or corporation and the business name of the contracting company.
6. This form must be typed and show the information in the same format as the examples above for the **ELECTRICAL/TELECOMMUNICATIONS CONTRACTOR'S BOND TO THE STATE OF WASHINGTON**.

## **CERTIFICATE OF INSURANCE REQUIREMENTS**

Minimum amounts (coverage must be for each occurrence):

1. \$20,000 for injury or damage to property.
2. \$50,000 for injury or damage to any one person.
3. \$100,000 for injury or damage to more than one person, or financial responsibility to satisfy these amounts.

The **CERTIFICATE OF INSURANCE** or other insurance document must:

1. Include policy number, amounts of coverage, effective date, cancellation clause, and signature of agent.
2. Be a signed original. There can be no errors, white-outs, alterations or additions on the form.
3. Match **EXACTLY** the business name on the bond and the **APPLICATION FOR TELECOMMUNICATIONS CONTRACTOR'S LICENSE**.
4. List the Department of Labor and Industries, Electrical Section, PO Box 44460, Olympia, Washington, 98504-4460 as the certificate holder.
5. Not reflect an expiration date. Certificates are to be issued as Continuous Until Cancelled.

## **LICENSED AS A CORPORATION, LLC, OR LLP**

If you are requesting to be licensed as a corporation, LLC, or LLP telecommunications contractor:

1. You must **FIRST** apply to the Washington State Office of the Secretary of State, Corporate Division and be registered as a corporation, LLC, or LLP (as it applies to your application). Corporate DBA names must be officially registered with the Office of the Secretary of State as "registered trade names."

**IF YOU HAVE ANY QUESTIONS REGARDING THE COMPLETION OF YOUR TELECOMMUNICATIONS CONTRACTOR'S APPLICATION, PLEASE CONTACT THE TUMWATER OFFICE AT (360) 902-5269.**

We are located at 7273 Linderson Way SW in Tumwater at exit 101 on I-5.

SPEC CODE <div style="border: 1px solid black; width: 30px; height: 15px; margin: 0 auto;"></div>		FOR AGENCY USE ONLY			
EFF DATE	EXP DATE	ADM CERT #	CC#	CRW	OOB

MAIL APPLICATION AND FEE TO:  
 Department of Labor and Industries  
 Electrical Licensing & Certification  
 PO Box 44460  
 Olympia, WA 98504-4460  
[www.lni.wa.gov/scs/electrical/](http://www.lni.wa.gov/scs/electrical/)



## APPLICATION FOR TELECOMMUNICATIONS CONTRACTOR'S LICENSE

License Number Issued:

**LICENSE WILL EXPIRE TWO YEARS FROM DATE OF ISSUE.**

**FEE: \$228.60**

UBI NUMBER:

Are you currently or have you previously been licensed as an electrical contractor with this agency? ☐ Yes ☐ No

If yes, enter your previous license number: \_\_\_\_\_

Do you want your previous license placed out of business? ☐ Yes ☐ No

Do you currently utilize contractor deposit (CD) accounts? ☐ Yes ☐ No

If yes, do you want to transfer any remaining funds in the account to the new license? ☐ Yes ☐ No

Will you use the Internet Electrical Inspection Request System (EIRS) to request inspections? ☐ Yes ☐ No

Do you plan to hire or do you have employees? ☐ Yes ☐ No

If yes, enter your Industrial Insurance Account #: \_\_\_\_\_

Business Name (limited to 30 characters): <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>		Phone (include area code): <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	
Business Mailing Address: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>		City: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	State: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
Name of <u>Designated Administrator</u> to be assigned to this business: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>		Administrator Certificate number: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	

Applicant's Name (Print):	Applicant's Signature:
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**YOU MUST COMPLETE THE "BUSINESS TYPE" INFORMATION ON THIS OR THE FOLLOWING PAGE.**  
**BUSINESS TYPE: (Check one only)**

☐ **INDIVIDUAL PROPRIETORSHIP** Name of the individual, not the business name.

Name: (Last name, first name, middle initial) <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	Social Security Number: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	Phone (include area code): <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	
Mailing Address: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	City: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	State: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	Zip Code: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>

☐ **PARTNERSHIP** Names of each partner.

<b>1<sup>st</sup> Partner Name:</b> (Last name, first name, middle initial) <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	Social Security Number: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	Phone (include area code): <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	
Mailing Address: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	City: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	State: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	Zip Code: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
<b>2<sup>nd</sup> Partner Name:</b> (Last name, first name, middle initial) <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	Social Security Number: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	Phone (include area code): <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	
Mailing Address: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	City: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	State: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	Zip Code: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
<b>3<sup>rd</sup> Partner Name:</b> (Last name, first name, middle initial) <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	Social Security Number: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	Phone (include area code): <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	
Mailing Address: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	City: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	State: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	Zip Code: <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>

☐ CORPORATION    ☐ LLC    ☐ LLP

Names must match those listed with the Corporate Division in the Office of the Secretary of State.

If you change corporate officers, you must officially notify the Office of the Secretary of State, Corporate Division.

Electrical Licensing & Certification must also be officially notified either by letter or contractor renewal notice submitted after the change is recorded by the Office of the Secretary of State.

Name of Corporation, LLC, or LLP:	Federal Tax Identification Number:	Phone (include area code):	
Mailing Address of Principal Office:	City	State	Zip Code
President: (Last name, first name, middle initial)	Social Security Number:	Phone (include area code):	
Mailing Address:	City	State	Zip Code
Vice President: (Last name, first name, middle initial)	Social Security Number:	Phone (include area code):	
Mailing Address:	City	State	Zip Code
Secretary: (Last name, first name, middle initial)	Social Security Number:	Phone (include area code):	
Mailing Address:	City	State	Zip Code
Treasurer: (Last name, first name, middle initial)	Social Security Number:	Phone (include area code):	
Mailing Address:	City	State	Zip Code
Registered Agent: (Last name, first name, middle initial)	Social Security Number:	Phone (include area code):	
Physical Address: (Not a PO Box)	City	State	Zip Code